



COMMUNITY | HEALTH | CARE

Human Services Committee

February 28, 2022

H.B. 6612 An Act Concerning Nonprofit Health/Human Services Providers
SB 991 An Act Concerning Medicaid Reimbursement for Community Health Workers

Good Afternoon Chairs and Distinguished Members of the Human Services Committee:

My name is Sabrina Trocchi and I am the President/Chief Executive Officer of Wheeler Clinic, Inc. Wheeler provides a comprehensive continuum of integrated primary care, mental health, and substance abuse recovery, community justice, special education, child welfare, early childhood, and prevention/wellness services to over 50,000 children, families, and adults in communities across Connecticut. While many of our services are provided statewide, we have health & wellness centers in the Hartford, New Britain, Bristol, Waterbury, and Plainville communities. The individuals and families who come to us for care include some of the most vulnerable, medically under-served populations in our state, including individuals with serious and frequently co-occurring mental health and substance use disorders, co-morbid medical disorders and histories of exposure to trauma and violence. The services we provide are highly effective in helping these individuals and families function successfully in the community.

Thank you for the opportunity to provide **testimony in support of H.B. 6612**, which would prohibit the practice of state agencies clawing back surplus funds from nonprofits at the end of the fiscal year, allowing nonprofits to retain savings and reinvest them into the provision of services, as well as index the rates that the state pays for nonprofit services to inflation.

Despite the legislature's clear intent to end the practice of clawing back unspent funds, or cost settlement, the policy still has not been implemented in a way that is helpful to nonprofits. This proposal has always been simple: Nonprofits should be able to reinvest savings they achieve while meeting their contractual obligations to make their programs better and better serve their clients.

This year, more than ever, we have a heightened sense of urgency to retain surplus funding. Wheeler (and many of my fellow nonprofit health and human organizations) is/are facing unprecedented workforce challenges. In addition to competing with State agencies and hospital systems, we are now in competition for staff with companies like Amazon and Walmart that require no specialized training, are paying more and offering more hiring incentives. We've needed to implement staffing incentives, sign-on bonuses, and other strategies to keep our programs staffed and open. This is at a time when we are seeing more patients than ever presenting for care. Wheeler has proposed to utilize the retained surplus funding to invest in workforce recruitment and retention efforts, in addition to supporting needed capital improvements to our facilities.

Despite support from this Committee, the legislature and nonprofit community since 2017, the Innovation Incentive Program has not been implemented in the way the legislature intended. H.B. 6612 provides much clearer direction to contracting state agencies that, if passed, will hopefully lead to better outcomes for providers, their staff and the people they serve.

I am also testifying in support of Section 4 of the bill, which would index the rates the state pays for contracted nonprofit health and human services to inflation, providing increases automatically when inflation increases.

I also thank you for the opportunity to provide testimony on **SB 991 An Act Concerning Medicaid Reimbursement for Community Health Workers**. I do not support this legislation in its current form, however I would support language moving forward that would include federally qualified health centers in the list of stakeholders recruited to design this program.

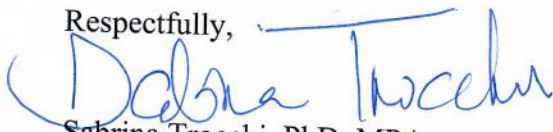
Currently, Community Health Worker (CHW) services are not reimbursed under Medicaid at Connecticut's community health centers. These individuals perform the necessary and crucial work of helping our patients navigate their care. Community health workers assist with many tasks, including, but not limited to, conducting community outreach for health centers, assisting clients with eligibility for health insurance, coordinating care between patients, providers and specialists, ensuring appropriate follow-up is given to patients seen in the emergency department, assisting with transportation needs, and providing access to health education. Community Health Workers are vital to the function of health centers, as they specialize in providing the critical services necessary to guaranteeing that our patients can access and receive the health care they need in a culturally competent and intelligent manner.

Health centers in Connecticut were among the first to hire and train Community Health Workers, and, as these positions are not reimbursable under Medicaid, health centers rely on funding through state, private, and federal grants to provide compensation for these positions.

We recommend that intent of the bill be to allow all CHWs, including those employed by FQHCs be able to bill Medicaid for the services they provide. Currently, FQHCs operate using a Prospective Payment System that allows them to bill set rates for Medical, Dental, and Behavioral Health services. CHWs are not part of this system and DSS would need to address this from a legal standpoint in order to move the policy forward.

Thank you for the opportunity to testify on these important bills. I am happy to answer any questions that you have.

Respectfully,



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